

GARDEN TERRACE ALZHEIMERS
1201 EAST 4500 SOUTH
SALT LAKE CITY UT 84117
STATE'S REGION CODE: 001

PROVIDER #: 465139 FACILITY BEDS
PHONE NUMBER: (801) 261-3664
PARTICIPATION DATE: 06/15/1994 CERTIFIED: 98

TYPE ACTION: RECERTIFICATION
TOTAL: 120
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 06/29/2005	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 98			
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TOTAL: 90	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 31	SUSPENSION RESCINDED:	--	-----	--	-----
MEDICAID: 0		98			
OTHER: 59					

CURRENT SURVEY REVISIT DATES - 08/10/2005

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
07/2002		06/2003		04/2004		06/29/2005			
						X C	E	07/22/2005	REQ F0241-DIGNITY
						X C	B	07/22/2005	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
X	B					X C	G	07/22/2005	REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
						X C	E	07/22/2005	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
						X C	D	07/22/2005	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
						X C	D	07/22/2005	REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
						X C	D	07/22/2005	REQ F0369-PROVIDES SPECIAL EATING EQUIPMENT/UTENSILS
X	B					X C	E	07/22/2005	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
						X C	B	07/22/2005	REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY
						X C	E	07/22/2005	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X C	E	07/22/2005	REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB
						X C	E	07/22/2005	REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY	85 NEW PRIOR 2 SURVEY	2000 EXIS PRIOR 1 SURVEY	2000 EXIS CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
07/2002	06/2003	04/2004	07/13/2005		
X					K0029-HAZARDOUS AREAS - SEPARATION
			X P	08/05/2005	K0045-EXIT LIGHTING
		X	X C	08/08/2005	K0046-EMERGENCY LIGHTING
	X	X			K0050-FIRE DRILLS
		X			K0052-TESTING OF FIRE ALARM
	X	X			K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0066-SMOKING REGULATIONS
	X				K0130-OTHER
			X P	08/05/2005	K0147-EMERGENCY PLAN

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	11	0	0	2
HEALTH TOTAL	11	0	0	2
LIFE SAFETY CODE	3	5	3	1
LIFE SAFETY CODE + HEALTH	14	5	3	3

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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07/08/2004	UNSUBSTANTIATED
10/01/2004	UNSUBSTANTIATED
10/20/2004	SUBSTANTIATED
04/27/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY